

**Substance Abuse Treatment Services  
and  
Targeted Case Management for Substance Abuse**

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## 1 GENERAL POLICY

### 1 - 1 Authority

Substance abuse services are authorized under 42 CFR 440.130, Diagnostic, Screening, Preventive, and Rehabilitative Services. Under this authority, services may be provided in settings other than the substance abuse agency, as appropriate, with the exception of an inpatient hospital.

### 1 - 2 Qualified Substance Abuse Providers

Diagnostic and rehabilitative substance abuse services are covered benefits when provided by *or through* a substance abuse treatment program under contract with or directly operated by a local county substance abuse authority.

#### Children in State Custody

1. Please Note: For the provision of outpatient services to children in State custody, substance abuse treatment providers may follow this provider manual. However, children in State custody must have more frequent reviews of their treatment plans. The review schedule for children in State custody is outlined in Chapter 1 - 8, Periodic Review of the Treatment Plan.
2. For provision of residential treatment services to children in State custody, please follow the Diagnostic and Rehabilitative Mental Health Services by DHS Contractors Medicaid Provider Manual for Medicaid requirements.

### 1 - 3 Definitions

**CHEC:** means Child Health Evaluation and Care and is Utah's version of the federally mandated Early Periodic Screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible clients from birth through age twenty are enrolled in the CHEC program. The only exception to this policy is that Medicaid clients age 19 and older enrolled in the Non-Traditional Medicaid Plan are not eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

**Diagnostic Services:** means any medical procedure recommended by a physician or other licensed mental health therapist to enable him/her to identify the existence, nature, or extent of a substance abuse disorder in a client.

**Rehabilitative Services:** means any medical or remedial services recommended by a physician or other licensed mental health therapist for maximum reduction of a client's substance abuse disorder and restoration of the client to his/her best possible functional level.

**Substance Abuse Disorder:** means a disorder as defined in the ICD-9, or the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) under diagnostic categories 291.00-291.99, 292.00-292.99, 303.00-303.99, 304.00-304.99 and 305.00-305.99.

#### **1 - 4 Scope of Services**

Diagnostic and rehabilitative services are limited to medically necessary services provided to either adults or children with a primary diagnosis of a substance abuse disorder and are designed to eliminate the client's substance abuse, reduce or eliminate maladaptive or hazardous behaviors, and restore the client to the highest level of functioning. These services may also be provided to the client's children to reduce their risk of developing a substance abuse disorder.

The scope of diagnostic and rehabilitative substance abuse services includes the following:

##### Diagnostic services

- Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)
- Alcohol and Drug Assessment by a Non-Mental Health Therapist
- Psychological Testing

##### Rehabilitative services

- Individual Psychotherapy (Individual Mental Health Therapy)
- Individual Psychotherapy with Medical Evaluation and Management Services
- Family Psychotherapy with patient present (Individual Mental Health Therapy)
- Family Psychotherapy without patient present (collateral Individual Mental Health Therapy)
- Group Psychotherapy (Group Mental Health Therapy)
- Multiple-Family Group Psychotherapy (Group Mental Health Therapy)
- Pharmacologic Management (Medication Management)
- Therapeutic Behavioral Services (Behavior Management—Individual/Family or Group)
- Individual Skills Training and Development (Skills Development Services)
- Psychosocial Rehabilitative Services (Group Skills Development Services)

See Chapter 2 for service definitions and limitations.

#### **1 - 5 Staff Qualifications**

##### **A. Staff Qualified to Prescribe Services**

Rehabilitative services must be prescribed by an individual defined below:

1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated.
  - a. licensed physician;
  - b. licensed psychologist;
  - c. licensed clinical social worker;
  - d. licensed advanced practice registered nurse;
  - e. licensed marriage and family therapist; or
  - f. licensed professional counselor;
2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated, as amended:
  - a. certified psychology resident working under the supervision of a licensed psychologist;
  - b. certified social worker working under the supervision of a licensed clinical social worker;
  - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
  - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

#### **B. Staff Qualified to Render Services**

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter, in accordance with the limitations set forth in Chapter 2, Scope of Services; or
2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:
  - a. licensed social service worker or individual working toward licensure as a social service worker;
  - b. licensed registered nurse or individual working toward licensure as a registered nurse;
  - c. licensed practical nurse or individual working toward licensure as a practical nurse;
  - d. licensed substance abuse counselor or individual working toward licensure as a substance abuse counselor; or
  - e. other trained staff.

## **1 - 6 Evaluation Procedures**

In accordance with state law, an individual identified in paragraph A of Chapter 1 - 5 must conduct an evaluation (psychiatric diagnostic interview examination) for each client requesting substance abuse treatment to determine (1) if the client carries a primary diagnosis of a substance abuse disorder and requires substance abuse treatment services, or (2) if a client's children require services to reduce their risk of developing a substance abuse disorder. (See Chapter 2-2, Psychiatric Diagnostic Interview Examination.)

## **1 - 7 Treatment Plan**

- A. If it is determined the individual needs substance abuse treatment services, a treatment plan must be developed either by the individual identified in paragraph A of Chapter 1 - 5 conducting the evaluation, or by an individual identified in paragraph A of Chapter 1 - 5 who actually delivers the substance abuse treatment services.
- B. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic interview examination. The treatment plan must be designed to improve and/or stabilize the client's condition.
- C. The treatment plan must include the following:

- 1. measurable treatment goals developed in conjunction with the client;

If the treatment plan contains skills training and development services, it must include measurable goals specific to all skills issues being addressed with this treatment method. Please note that the actual skills training and development treatment goals may be developed by qualified skills training and development providers identified in items #1 - 4 of the "Who" section in Chapter 2 - 11 and 2 - 12, Skills Training and Development Services and Psychosocial Rehabilitative Services;

- 2. the treatment regimen—the specific treatment methods that will be used to meet the measurable treatment goals;
- 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method; and
- 4. the credentials of individuals who will furnish the services.

## **1 - 8 Periodic Review of the Treatment Plan**

- A. An individual identified in paragraph A of Chapter 1 - 5 must periodically review the client's treatment plan every six months with completion during the calendar month in which it is due. Reviews may be conducted more frequently if the nature of needed services changes or if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan.
- B. For children in State custody, periodic reviews of the treatment plan must be conducted in accordance with the Department of Human Services Review policy (i.e., at least quarterly), or more often as needed, if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan.
- C. An individual identified in paragraph A of Chapter 1 - 5 must have sufficient face-to-face contact with the client in order to complete the six month review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.
- D. If an individual identified in paragraph A of Chapter 1 - 5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1 - 5 who will conduct the review has had only limited or no contact with the client during the preceding six months, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.

- E. Treatment plan reviews shall be documented in detail in the client's record and include:
1. the date and duration of the service;
  2. the specific service rendered (e.g., treatment plan review);
  3. a written update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program; and
  4. the signature and title of the individual who rendered the service.
- F. If the individual identified in paragraph A of Chapter 1 - 5 determines during a treatment plan review that the treatment plan, (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan also must be developed.
- G. The treatment plan review may be billed **only** if the review is conducted during a face-to-face interview with the client.
- H. The treatment plan review may be billed as psychiatric diagnostic interview examination or as individual psychotherapy, as reviews often are conducted within the context of an individual psychotherapy session. (See Chapters 2-1 and 2-3.)

#### **1 - 9 Documentation**

- A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made.
- B. See Chapter 2, Scope of Services, for documentation requirements specific to each service.
- C. The clinical record must be kept on file, and made available for State or Federal review, upon request.

#### **1 - 10 Collateral Services**

- A. Collateral services may be billed if the following conditions are met:
1. the service is provided face-to-face to an immediate family member (for example, parent or foster parent) on behalf of the identified client and the client is not present; and
  2. the identified client is the focus of the session.
- B. The collateral service must be billed as follows:
1. If a licensed mental health therapist provides a collateral service, it should be billed as 90846, Family Psychotherapy Without Patient Present, unless the service is a Psychiatric Diagnostic Interview Examination. Then, the collateral session would be billed under this procedure. (See Chapter 2 - 7, Family Therapy for documentation requirements.)
  2. If a provider who is not a licensed mental health therapist provides a collateral service without the patient present, then the service must be billed according to the service provided (e.g., psychosocial rehabilitative services). See Chapter 2, Scope of Services, for service definitions.

## **2 SCOPE OF SERVICES**

Services covered by Medicaid include psychiatric diagnostic interview examination, alcohol and drug assessment by a non-mental health therapist, psychological testing, individual psychotherapy, individual psychotherapy with medical evaluation and management services, family psychotherapy, group psychotherapy, pharmacologic management, therapeutic behavioral services, skills training and development, and psychosocial rehabilitative services, as described in Chapters 2 - 2 through 2 - 12.

### **2 - 1 General Limitations**

Effective July 1, 2002, certain Medicaid adult clients age 19 and over in the TANF and Medically Needy Medicaid eligibility categories have a reduced benefits package. These clients are enrolled in the Non-Traditional Medicaid Plan and their Medicaid cards are blue.

The following services are excluded for clients in the Non-Traditional Medicaid Plan and may not be billed under any of the services specified in chapters 2 - 2 through 2 - 12:

1. Services for conditions without manifest substance abuse diagnoses (i.e., conditions that do not warrant a substance abuse diagnosis);
2. Hypnosis, occupational or recreational therapy;
3. Office calls in conjunction with medication management for repetitive therapeutic injections;
4. Psychiatric diagnostic interview examination for legal purposes only (e.g., for custodial or visitation rights, etc.); and
5. Targeted case management services (See Chapter 4 - 1, General Limitations.)



## 2 - 2 Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)

**Psychiatric diagnostic interview examination** means a face-to-face evaluation to determine the existence, nature and extent of a substance abuse disorder for the purpose of identifying the client's need for substance abuse services, with interpretation and report. This service also includes interactive psychiatric diagnostic interview examinations which involve the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication to aid in the examination.

If it is determined a client is in need of substance abuse services, a mental health therapist must develop an individualized treatment plan. (See Chapter 1 - 6).

- Who:
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. licensed physician assistant working under the supervision of a licensed physician (See Limits below) (diagnostic evaluations to determine need for medications only);
    - b. certified psychology resident working under the supervision of a licensed psychologist;
    - c. certified social worker working under the supervision of a licensed clinical social worker;
    - d. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
    - e. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - f. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
  3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: Psychiatric Diagnostic Interview Examination:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered (i.e., psychiatric diagnostic interview examination, treatment plan development, review of treatment plan);
5. summary of psychiatric diagnostic interview examination findings that includes:
  - a. diagnoses, or in the case of briefer crisis examinations, revised diagnoses, if needed; and
  - b. summary of recommended substance abuse treatment services, and other recommended services as appropriate;
6. signature and title of individual who rendered the service.

Unit: **90801 - Psychiatric Diagnostic Interview Examination - per 15 minutes;**

**90802 - Psychiatric Diagnostic Interview Examination** - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **per 15 minutes**

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: 1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 3 Alcohol and Drug Assessment by a Non-Mental Health Therapist

**Alcohol and drug assessment by a non-mental health therapist** means individuals listed in #1 - 4 below participating as part of a multi-disciplinary team in the psychiatric diagnostic interview examination process by gathering psychosocial data when working under the supervision of an individual identified in Chapter 2 -2, #1 through 3, in the Who: section:

- Who:
1. licensed social service worker;
  2. licensed registered nurse;
  3. licensed practical nurse; or
  4. licensed substance abuse counselor.

Although an individual identified in 1 - 4 above may **assist** in the evaluation process by meeting with the client to gather the psychosocial data, as directed by the supervisor, an individual identified in Chapter 2 - 2, #1 - 3 of the Who: section must see the individual face-to-face to conduct the psychiatric diagnostic interview examination. (Also see #1 in the "Limits" section below.)

Individuals identified in 1 - 4 may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in Chapter 2 -2, #1 through 3 of the Who: section, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: Alcohol and Drug Assessment by a Non-Mental Health Therapist

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered (i.e., alcohol and drug assessment by a Non-Mental Health Therapist);
5. summary of psychosocial findings
6. signature and title of individual who rendered the service.

Units: **H0001 - Alcohol and Drug Assessment by Non-Mental Health Therapist** - Psychosocial portion of the psychiatric diagnostic interview examination completed by a non mental health therapist, per 15 minutes

When billing this procedure, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

- Limits:
1. This service is a component of the psychiatric diagnostic interview examination. Therefore, it may only be billed if a psychiatric diagnostic interview examination is also provided to the client.
  2. The following services are not covered services under Medicaid and may not be billed to Medicaid:
    - a. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
    - b. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

## **2 - 4 Psychological Testing**

**Psychological testing** means a face-to-face evaluation to determine the existence, nature and extent of a substance abuse disorder using psychological tests appropriate to the client's needs, including psychometric, diagnostic, projective, or standardized IQ tests, with interpretation and report.

- Who:
1. licensed physician;
  2. licensed psychologist; or
  3. certified psychology resident working under the supervision of a licensed psychologist.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date(s) and actual time(s) of testing;
2. duration of the testing;
3. setting in which the testing was rendered;
4. specific service rendered;
5. signature and title of individual who rendered the service; and
6. written test reports which include:
  - a. brief history
  - b. tests administered;
  - c. test scores;
  - d. evaluation of test results;
  - e. current functioning of the examinee;
  - f. diagnoses;
  - g. prognosis;
  - h. specific treatment recommendations for substance abuse services, and other recommended services as appropriate.

Unit: **96100 - Psychological Testing** - includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - **per hour**

**96105 - Assessment of Aphasia** - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - **per hour**

**96110 - Developmental Testing: limited** - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - **per hour**

**96111 - Developmental Testing: extended** - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - **per hour**

**96115 - Neurobehavioral Status Exam** - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - **per hour**

**96117 - Neuropsychological Testing Battery** - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - **per hour**

When billing these procedure codes, round to the nearest full unit. For example, 1 hour and 29 minutes of service equals 1 unit and 1 hour and 30 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## **2 - 5 Individual Psychotherapy (Individual Mental Health Therapy)**

**Individual psychotherapy** means face-to-face interventions with an individual client with the goal of alleviating the emotional disturbance, reversing or changing maladaptive patterns of behavior, and encouraging personality growth and development so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan. Individual psychotherapy includes insight oriented, behavior modifying and/or supportive psychotherapy, and interactive psychotherapy.

Interactive psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication.

- Who:
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. certified psychology resident working under the supervision of a licensed psychologist;
    - b. certified social worker working under the supervision of a licensed clinical social worker;
    - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
    - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility

**90804** - approximately 20 to 30 minutes face-to-face with the patient

**90806** - approximately 45 to 50 minutes face-to-face with the patient

**90808** - approximately 75 to 80 minutes face-to-face with the patient

**Individual Psychotherapy** - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility

**90810** - approximately 20 to 30 minutes face-to-face with the patient

**90812** - approximately 45 to 50 minutes face-to-face with the patient

**90814** - approximately 75 to 80 minutes face-to-face with the patient

When billing any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30 minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.
2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 6 Individual Psychotherapy with Medical Evaluation and Management Services

**Individual psychotherapy with medical evaluation and management services** means face-to-face interventions with an individual client with the goal of alleviating the emotional disturbance, reversing or changing maladaptive patterns of behavior, and encouraging personality growth and development so that the client may be restored to his/her best possible functional level, with medical evaluation and management.

Services are based on measurable treatment goals identified in the client's individual treatment plan. Individual psychotherapy includes insight oriented, behavior modifying and/or supportive psychotherapy, and interactive psychotherapy.

Interactive psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication.

- Who:
1. licensed physician;
  2. licensed advanced practice registered nurse or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

- Record: For each session:
1. date and actual time of the service;
  2. duration of the service;
  3. setting in which the service was rendered;
  4. specific service rendered;
  5. treatment goal(s);
  6. clinical note describing the client's progress toward treatment goal(s); and
  7. signature and title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility **with medical evaluation and management**

**90805** - approximately 20 to 30 minutes face-to-face with the patient

**90807** - approximately 45 to 50 minutes face-to-face with the patient

**90809** - approximately 75 to 80 minutes face-to-face with the patient

**Individual Psychotherapy** - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility **with medical evaluation and management**

**90811** - approximately 20 to 30 minutes face-to-face with the patient

**90813** - approximately 45 to 50 minutes face-to-face with the patient

**90815** - approximately 75 to 80 minutes face-to-face with the patient

When billing any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30

minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 7 Family Psychotherapy

**Family psychotherapy with patient present** means face-to-face interventions with a family with the goal of evaluating and treating the client's condition, including the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family members so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan.

**Family psychotherapy without patient present** means a collateral therapy session with family member(s) without the identified client present in the session to evaluate and treat the client's condition, with attention given to the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family member(s) so that the client may be restored to his/her best possible functional level.

- Who:
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. certified psychology resident working under the supervision of a licensed psychologist;
    - b. certified social worker working under the supervision of a licensed clinical social worker;
    - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
    - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
  3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **90847 - Family Psychotherapy - with patient present - per 15 minutes**

**90846 - Family Psychotherapy - without patient present - per 15 minutes\***

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

\* If family psychotherapy is provided without patient present, see Chapter 1-9, Collateral Services.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## **2 - 8 Group Psychotherapy (Group Mental Health Therapy)**

**Group psychotherapy** means face-to-face interventions with two or more clients in a group setting in an effort to change individual behavior, alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development through interpersonal exchanges so that the clients may be restored to their best possible functional level. Interactive group psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication.

Services are based on measurable treatment goals identified in the client's individual treatment plan. Psychotherapy groups should not exceed 10 individuals unless a co-therapist who also meets qualifications for provision of this service is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

**Multiple-family group psychotherapy** means face-to-face interventions with two or more clients and their families with the goal of evaluating and treating the clients' condition(s), including the impact of the clients' condition(s) on their families, with therapy aimed at improving the interaction between the clients and their family members so that the clients may be restored to their best possible functional level.



- Who:
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. certified psychology resident working under the supervision of a licensed psychologist;
    - b. certified social worker working under the supervision of a licensed clinical social worker;
    - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
    - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
  3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. monthly or per session clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is **not** also required.

Unit: **90849 - Multiple-Family Group Psychotherapy** - Multiple-family group psychotherapy - **per 15 minutes per Medicaid client**

**90853 - Group Psychotherapy** - Group psychotherapy (other than of a multiple-family group) - **per 15 minutes per Medicaid client**

**90857 - Group Psychotherapy** - Interactive group psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **per 15 minutes per Medicaid client**

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 9 Pharmacologic Management (Medication Management)

**Pharmacologic management** means a face-to-face service that includes prescribing, administering, monitoring or reviewing the client's medication(s) and medication regimen and providing appropriate information to the client regarding the medication regimen.

- Who:
1. licensed physician;
  2. licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  3. licensed registered nurse, or individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;
  4. licensed practical nurse or individual working toward licensure as a practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse, in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule; or
  5. other practitioner licensed under State law to prescribe, review, or administer medication acting within the scope of his/her license.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. medication order or copy of the prescription signed by the prescribing practitioner;
2. date and actual time of service;
3. duration of the service;
4. setting in which the service was rendered;
5. specific service rendered;
6. treatment goal(s);
7. written note summarizing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the services.

Units: **90862 - Pharmacologic Management by physician** - per encounter by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or by other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.

**90862 with TD modifier - Pharmacologic Management by Nurse** - per encounter by a licensed registered nurse, or a licensed practical nurse or individuals working toward licensure as a registered nurse or practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule.

When billing or reporting this procedure code, bill or report 1 unit, regardless of the length of the service. Service is based on an encounter. If the client receives the *same* service more than once on the same day, bill or report services as separate lines on the same claim.

**Limits:** The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 10 Therapeutic Behavioral Services (Behavior Management)

**Therapeutic behavioral services** means face-to-face interventions with an individual, family, or group of individuals experiencing specific behavioral and/or substance abuse problems using a psycho-educational approach, after diagnosis by a licensed mental health therapist, and in accordance with a treatment plan developed, directed and supervised by the licensed mental health therapist, and includes stress management, relaxation techniques, assertiveness training, conflict resolution, and behavior modification, etc. Groups should not exceed 10 individuals unless a co-leader who also meets qualifications for provision of this service is present.

- Who:**
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. certified psychology resident working under the supervision of a licensed psychologist;
    - b. certified social worker working under the supervision of a licensed clinical social worker;
    - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
    - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
  3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
  4. licensed registered nurse, or an individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;

5. licensed social service worker or an individual working toward licensure as a social service worker under the supervision of a licensed mental health therapist, in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule; or
6. licensed substance abuse counselor or individual working toward licensure as a substance abuse counselor under the supervision of a licensed mental health therapist, in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. For **individual/family therapeutic behavioral services** --clinical note describing the client's progress toward treatment goal(s);
7. For **group therapeutic behavioral services** monthly or per session clinical note describing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the service.

If a note summarizing progress toward treatment goals is written for each group session, then a monthly note is not also required.

Units: **H2019 - Individual/Family Therapeutic Behavioral Services** - per 15 minutes

**H2019 with HQ modifier - Group Therapeutic Behavioral Services** - per 15 minutes per client

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Behavior management does not include DUI classes.
2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

## 2 - 11 Individual Skills Training and Development (Individual Skills Development Services)

**Individual skills training and development** means face-to-face interventions with an individual client in a psychosocial rehabilitative treatment service or outpatient setting with the overall goal of restoring the client to his or her best possible functional level by assisting the client to: (1) eliminate or reduce symptomatology related to the client's diagnosis, (2) increase compliance with the medication regimen, as applicable, (3) avoid unnecessary psychiatric hospitalization, (4) eliminate or reduce maladaptive or hazardous behaviors and develop effective behaviors, (5) improve personal motivation and enhance self-esteem, (6) develop appropriate communication, and social and interpersonal interactions, and (7) regain or enhance the basic living skills necessary for living in the least restrictive environment possible.

Who

1. licensed mental health therapist;
2. an individual who is working within the scope of his or her certificate or license:
  - a. certified psychology resident working under the supervision of a licensed psychologist;
  - b. certified social worker working under the supervision of a licensed clinical social worker;
  - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
  - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
  - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
4. licensed registered nurse, or an individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;
5. licensed social service worker or an individual working toward licensure as a social service worker under the supervision of a licensed mental health therapist in accordance with supervision requirements outlined under Title 58 of the Utah Code Annotated or in the profession's practice act rule; or
6. licensed substance abuse counselor;
7. an individual working toward licensure as a substance abuse counselor under the supervision of a licensed mental health therapist in accordance with supervision requirements outlined under Title 58 of the Utah Code Annotated or in the profession's practice act rule; or
8. licensed practical nurse, an individual working toward licensure as a practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, a licensed registered nurse, a licensed social service worker, or a licensed substance abuse counselor.

\*

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **H2014 - Individual Skills Training and Development** - per 15 minutes, for ages 0 years and older

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: 1. Individual skills training and development services do **not** include:

- a. activities in which staff is not present and actively involved in teaching a needed skill;
  - b. activities in which staff performs tasks for the client;
  - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
  - d. routine supervision of clients;
  - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
  - f. routine transportation of the client or transportation to the site where a skills training and development service will be provided;
  - g. job training, job coaching, vocational and educational services; and
  - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
  - i. DUI classes.
2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
  3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.

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## 2 - 12 Psychosocial Rehabilitative Services (Group Skills Development Services)

**Psychosocial rehabilitative services** means face-to-face interventions with a group of clients in a psychosocial rehabilitative treatment service, day treatment program or other appropriate outpatient setting with the overall goal of restoring clients to their best possible functional level by assisting them to: (1) eliminate or reduce symptomatology related to the client's diagnosis, (2) increase compliance with the medication regimen, as applicable, (3) avoid unnecessary psychiatric hospitalization, (4) eliminate or reduce maladaptive or hazardous behaviors and develop effective behaviors, (5) improve personal motivation and enhance self-esteem, (6) develop appropriate communication, and social and interpersonal interactions, and (7) regain or enhance the basic living skills necessary for living in the least restrictive environment possible.

- Who:
1. licensed mental health therapist;
  2. an individual who is working within the scope of his or her certificate or license:
    - a. certified psychology resident working under the supervision of a licensed psychologist;
    - b. certified social worker working under the supervision of a licensed clinical social worker;
    - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
    - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    - e. certified professional counselor intern working under the supervision of a licensed mental health therapist. licensed mental health therapist;
  3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
  4. licensed registered nurse, or an individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;
  5. licensed social service worker, or an individual working toward licensure as a social service worker under the supervision of a licensed mental health therapist or a licensed social service worker in accordance with supervision requirements outlined under Title 58 of the Utah Code Annotated or in the profession's practice act rule; or
  6. licensed substance abuse counselor, or an individual working toward licensure as a substance abuse counselor under the supervision of a licensed mental health therapist or a licensed substance abuse counselor in accordance with supervision requirements outlined under Title 58 of the Utah Code Annotated or in the profession's practice act rule or
  7. licensed practical nurse, or an individual working toward licensure as a practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, a licensed registered nurse, a licensed social service worker, or a licensed substance abuse counselor.

\*

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Record: For each session

1. Daily log documenting the date and duration of the service and activities provided; and
2. Monthly summary documenting (1) the significant and specific activities in which the client participated during the month, and (2) progress toward **psychosocial rehabilitative services** goals as a result of that participation.
3. signature and title of individual who rendered the service.

If more frequent summaries documenting progress toward **psychosocial rehabilitative services** goals are written, then a monthly summary is not also required.

If **psychosocial rehabilitative services** goals were met during the month as a result of participation in the **psychosocial rehabilitative service**, then new individualized goals must be developed and added to the treatment plan.

Units: **H2017 - Psychosocial Rehabilitative Services** - per 15 minutes per client, age 0 and older.

**H2017 with U1 modifier - Psychosocial Rehabilitative Services - Intensive Children's** - per 15 minutes per client, for ages 0 through the month of the 13th birthday

When billing these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: 1. Psychosocial Rehabilitative Services services do **not** include:

- a. activities in which staff is not present and actively involved in teaching a needed skill;
  - b. activities in which staff performs tasks for the client;
  - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
  - d. routine supervision of clients;
  - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
  - f. routine transportation of the client or transportation to the site where a **psychosocial rehabilitative** service will be provided;
  - g. job training, job coaching, vocational and educational services; and
  - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
2. In **group child and adolescent psychosocial rehabilitative service**, a ratio of no more than twelve clients per professional staff must be maintained during the entire program.
  3. In **intensive group children's psychosocial rehabilitative service**, a ratio of no more than five clients per professional staff must be maintained during the entire program.
  4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
  5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Also see General Limitations in Chapter 2 - 1.



**3 REVISED PROCEDURE CODES AND MODIFIERS FOR SUBSTANCE ABUSE TREATMENT SERVICES**  
**rendered on or after October 1, 2003**

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Revised Codes	Service and Units	Limits per Patient
90801	<b>Psychiatric Diagnostic Interview Examination - per 15 minutes</b>	No limit
90802	<b>Psychiatric Diagnostic Interview Examination</b> - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - <b>per 15 minutes</b>	No limit
H0001	<b>H0001 - Alcohol and Drug Assessment by Non-Mental Health Therapist</b> - Psychosocial portion completed by non mental health therapist, <b>per 15 minutes</b>	No limit
96100	<b>Psychological Testing</b> - includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - <b>per hour</b>	No limit
96105	<b>Assessment of Aphasia</b> - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - <b>per hour</b>	No Limit
96110	<b>Developmental Testing: limited</b> - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - <b>per hour</b>	No Limit
96111	<b>Developmental Testing: extended</b> - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - <b>per hour</b>	No Limit
96115	<b>Neurobehavioral Status Exam</b> - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - <b>per hour</b>	No limit
96117	<b>Neuropsychological Testing Battery</b> - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - <b>per hour</b>	No Limit
	<b>Individual Psychotherapy</b> - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility	
90804	approximately 20 to 30 minutes face-to-face with the patient	No limit
90806	approximately 45 to 50 minutes face-to-face with the patient	No limit
90808	approximately 75 to 80 minutes face-to-face with the patient	No limit
	<b>Individual Psychotherapy</b> - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility	
90810	approximately 20 to 30 minutes face-to-face with the patient	No Limit
90812	approximately 45 to 50 minutes face-to-face with the patient	No Limit
90814	approximately 75 to 80 minutes face-to-face with the patient	No Limit
	<b>Individual Psychotherapy</b> - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility <u><b>with medical evaluation and management</b></u>	

<b>90805</b>	approximately 20 to 30 minutes face-to-face with the patient	No Limit
<b>90807</b>	approximately 45 to 50 minutes face-to-face with the patient	No limit
<b>90809</b>	approximately 75 to 80 minutes face-to-face with the patient	No Limit
	<b>Individual Psychotherapy</b> - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility <u>with medical evaluation and management</u>	
<b>90811</b>	approximately 20 to 30 minutes face-to-face with the patient	No limit
<b>90813</b>	approximately 45 to 50 minutes face-to-face with the patient	No limit
<b>90815</b>	approximately 75 to 80 minutes face-to-face with the patient	No limit
<b>90847</b>	<b>Family Psychotherapy</b> - with patient present - <b>per 15 minutes</b>	No limit
<b>90846</b>	<b>Family Psychotherapy</b> - without patient present - <b>per 15 minutes</b>	No limit
<b>90849</b>	<b>Group Psychotherapy</b> - Multiple-family group psychotherapy - <b>per 15 minutes per client</b>	No limit
<b>90853</b>	<b>Group Psychotherapy</b> - Group psychotherapy (other than of a multiple-family group)	No limit
<b>90857</b>	<b>Group Psychotherapy</b> - Interactive group psychotherapy - <b>per 15 minutes per Medicaid client</b>	No Limit
<b>90862</b>	<b>Pharmacologic Management by physician</b> - per encounter by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.	No Limit
<b>90862 with TD modifier</b>	<b>Pharmacologic Management by Nurse</b> - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.	No limit
<b>H2019</b>	<b>Individual/Family Therapeutic Behavioral Services</b> - per 15 minutes	No Limit
<b>H2019 with HQ modifier</b>	<b>Group Therapeutic Behavioral Services</b> - per 15 minutes per client	No limit
<b>H2014</b>	<b>Individual Skills Training and Development</b> - per 15 minutes, for ages 0 years and older	No limit
<b>H2017</b>	<b>Psychosocial Rehabilitative Services - Adult</b> - per 15 minutes per client, for ages 18 and older, beginning with the month after the month of the 18th birthday	No limit
<b>H2017</b>	<b>Psychosocial Rehabilitative Services - Child and Adolescent</b> - per 15 minutes per client, for ages 0 through the month of the 19th birthday	No limit
<b>H2017 with U1 modifier</b>	<b>Psychosocial Rehabilitative Services - Intensive Children's</b> - per 15 minutes per client, for ages 0 through the month of the 13th birthday	No limit

**3 - 1 OLD PROCEDURE CODES FOR SUBSTANCE ABUSE TREATMENT SERVICES rendered before October 1, 2003**

For each date of service, enter the appropriate five-digit procedure code:

<b>Old Codes</b>	<b>Service and Units</b>	<b>Limits per Patient</b>
Y4032	Mental Health Evaluation, per 15 minutes	No limit
Y4033	Psychological Testing, per 15 minutes	No limit
Y4041	Individual Mental Health Therapy, per 15 minutes	No limit
Y4051	Group Mental Health Therapy, per 15 minutes per client	No limit
Y0477	Individual Behavior Management, per 15 minutes	No limit
Y0478	Group Behavioral Management, per 15 minutes per client	No Limit
Y3060	Medication Management by physician, per encounter	No Limit
Y3064	Medication Management by RN, per encounter	No Limit
Y0475	Individual Skills Development Services, per 15 minutes, for ages 0 years or older.	No limit
Y4080	Group Adult Skills Development Services, per 15 minutes per client, beginning with the month after the month of the 18th birthday.	No Limit
Y4082	Group Child and Adolescent Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 19th birthday.	No Limit
Y0476	Intensive Group Children's Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 13th birthday.	No Limit

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#### 4 TARGETED CASE MANAGEMENT FOR SUBSTANCE ABUSE

Targeted case management for substance abuse is a service to assist eligible clients in the target group to gain access to needed medical, social, educational, and other services. The overall goal of the service is not only to help Medicaid clients to access needed service, but also to ensure that services are coordinated between all agencies and providers involved.

##### 4 - 1 Authority

The Consolidated Omnibus Budget Reconciliation Act (P.L. 99-272, COBRA) added targeted case management to the list of optional services which can be provided under the State Medicaid Plan.

##### 4 - 2 General Limitations

Effective July 1, 2002, certain Medicaid adult clients age 19 and over in the TANF and Medically Needy Medicaid eligibility categories have a reduced benefits package. These clients are enrolled in the Non-Traditional Medicaid Plan and their Medicaid cards are blue.

Targeted case management is **not** a covered benefit for these individuals. (See Chapter 2 - 1, General Limitations, for additional service limitations.)

##### 4 - 3 Definitions

**CHEC:** means Child Health Evaluation and Care and is Utah's version of the federally mandated Early Periodic screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible recipients from *birth through age twenty* are enrolled in the CHEC program. The only exception to this policy is that Medicaid recipients age 19 and older enrolled in the Non-Traditional Medicaid Plan are **not** eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

**Substance abuse disorder:** means a disorder defined in the ICD-9 or Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision (DSM-IV-TR) under diagnostic categories 291.00-291.99, 292.00-292.99, 303.00-303.99, 304.00-304.99 and 305.00-305.99.

##### 4 - 4 Target Group

A. The following individuals are eligible for targeted case management services under this program:

1. Clients with a primary diagnosis of a substance abuse disorder, or
2. Clients' children who are at risk for the development of a substance abuse disorder due to client history of substance abuse or current substance abuse.

Individuals eligible for targeted case management services must also:

3. Require treatment or services from a variety of agencies and providers to meet his or her documented medical, social, educational and other needs; and
4. Demonstrate that they will access needed treatment or services only if assisted by a qualified targeted case manager who locates, coordinates and regularly monitors the services in accordance with an individualized case management service plan.

B. Currently, the Utah Medicaid program provides coverage of targeted and home and community based waiver services (HCBS) case management for a variety of other target groups:

1. CHEC (EPSDT) eligible children
2. Substance abuse;
3. Early Childhood Development
4. Homeless individuals;
5. Individuals with a diagnosis of HIV/AIDS;
6. Individuals with Physical Disabilities (HCBS waiver);
7. Developmentally Disabled / Mentally Retarded (HCBS waiver);
8. Individuals Aged 65 and over (HCBS Waiver)
9. Technology-Dependent Children (HCBS Waiver)
10. Individuals with Traumatic Brain Injury (HCBS Waiver)

There are separate rules and provider manuals which address the scope of services and reimbursement methods for these other target groups. Please note that since a Medicaid client may qualify for targeted or waiver case management services under other target groups, it is imperative that before providing services, the case manager or waiver case manager determine if other agencies are already providing targeted or waiver case management for the client, as only one targeted case management provider will be reimbursed for the same of overlapping dates of service. Coordination of all services is an essential component of targeted case management.

#### **4 - 5 Qualified Targeted Case Management Providers**

Qualified providers include an individual who is:

1. a licensed physician, a licensed psychologist, a licensed clinical social worker, a licensed certified social worker, a licensed social service worker, a licensed advanced practice registered nurse, a licensed registered nurse, a licensed professional counselor, a licensed substance abuse counselor, a licensed marriage and family counselor; or
2. an individual working toward licensure in one of the professions identified in #1 above; or
3. a licensed practical nurse or a non-licensed individual working under the supervision of one of the individuals identified in #1 or #2 above.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

## 5 TARGETED CASE MANAGEMENT SCOPE OF SERVICES

### 5 - 1 Covered Services and Activities

- A. Targeted case management is a service to assist clients in the target group to gain access to needed medical, social, educational, and other services. The overall goal of the service is not only to help Medicaid clients to access needed services, but also to ensure that services are coordinated between all agencies and providers involved.
- B. Medicaid reimbursement for targeted case management is dictated by the nature of the activity and the purpose for which the activity was performed. When billed in amounts that are reasonable (given the needs and condition of the particular client), the following activities/services are covered by Medicaid under targeted case management:
1. assessing and documenting the client's need for community resources and services;
  2. developing a written, individualized, coordinated case management service plan to assure the client's adequate access to needed medical, social, educational and other related services with input as appropriate from the client, family and other agencies knowledgeable about the client's needs;
  3. linking the client with community resources and needed services, including assisting the client to establish and maintain eligibility for entitlements **other than Medicaid**. (See Chapter 5 - 2, Non-covered Services and Activities, item H.);
  4. coordinating the delivery of services to the client, including CHEC screening and follow-up, including consultation with other agencies to ensure the most appropriate interventions and services are provided by all agencies and providers involved in the client's care;
  5. Instructing the client or caretaker, as appropriate, in independently obtaining access to needed services;
  6. monitoring, reviewing, and coordinating the client's medication regimen, and providing appropriate information about the medication regimen and resolving medication problems with a client or client's family member, or with staff from another agency, group home, hospital emergency room, etc., on behalf of a specific client. This case management activity may only be performed by a physician, advanced practice registered nurse, registered nurse, or licensed practical nurse, acting within the scope of his/her license;
  7. periodically assessing and monitoring the client's status and functioning and modifying the targeted case management service plan, or the client's clinical treatment plan, as needed;
  8. periodic monitoring of the client to ensure needed services have been identified and that they are being obtained in a timely manner;
  9. monitoring the quality and appropriateness of the client's services; and
  10. monitoring the client's progress and continued need for targeted case management and other services;
- C. The agency may bill Medicaid for the above activities **only if**:
1. The activities are identified in the case management service plan; and
  2. The time spent in the activity involves a face-to-face encounter, telephone or written communication with the client, family, caretaker, service provider, or other individual with direct involvement in providing or assuring the client obtains the necessary services documented in the targeted case management service plan.
- D. Covered services provided to patients in a hospital or nursing facility may be covered only during the 30-day period prior to the patient's discharge into the community. This service is limited to five hours of reimbursement per admission.

**5 - 2 Non-covered Services and Activities**

In accordance with federal Medicaid guidelines, **the following activities are not considered targeted case management and should not be billed to Medicaid:**

- A. Documenting targeted case management services - with the exception of time spent developing the written needs assessment, service plan, and 180-day service plan review - is not reimbursable as targeted case management.
- B. Teaching, tutoring, training, instructing, or educating the client or others, except in so far as the activity is specifically designed to assist the client, parent or caretaker to independently obtain needed services for the client.  
  
For example, assisting the client to complete a homework assignment or instructing a client or family member on nutrition, budgeting, cooking, parenting skills or other skills development is not reimbursable as targeted case management;
- C. Directly assisting with personal care or activities of daily living (bathing, hair or skin care, eating, etc.) or instrumental activities of daily living (assisting with budgeting, cooking, shopping, laundry, home repairs, apartment hunting, moving residences or acting as a protective payee) are not reimbursable activities under targeted case management;
- D. Performing routine services including courier services. For example, running errands or picking up and delivering food stamps or entitlement checks are not reimbursable as targeted case management;
- E. Providing other Medicaid services. For example, medical and psychosocial evaluations, examinations, treatment, therapy and counseling that are otherwise billable to Medicaid under other categories of service, are not reimbursable as targeted case management;
- F. Traveling to the client's home or other location where a covered case management activity will occur is not reimbursable, nor is time spent transporting a client or a client's family members;
- G. Providing services for or on behalf of other family members who do not directly assist the client to access needed services. For example, counseling the client's sibling or helping the client's parent or child obtain a mental health service are not reimbursable as targeted case management;
- H. Performing activities necessary for the proper and efficient administration of the Medicaid State Plan, including assisting the client to establish and maintain Medicaid eligibility. For example, locating, completing and delivering documents to the Medicaid eligibility worker is not reimbursable as targeted case management; and
- I. Recruitment activities in which the agency or case manager attempts to contact potential clients of service are not reimbursable as targeted case management.
- J. Time spent assisting client to gather evidence for a Medicaid hearing or participating in a hearing as a witness is not reimbursable as targeted case management; and
- K. Time spent coordinating between case management team members for a client is a non-billable activity.



**5 - 3 Limitations on Reimbursable Services****A. Team Case Management**

Targeted case management services provided to a client by more than one case manager employed by, or under contract with, the same agency/program is reimbursable only under the following conditions:

1. All members of the team meet the qualifications described in Chapter 4 - 4, Qualified Providers;
2. Documentation of billed services is maintained in a single case file;
3. All services are delivered under a single case management service plan;
4. All team members coordinate with one another as necessary to ensure only appropriate and unduplicated services are delivered by all team members;
5. Time spent by two or more members of the team in the same targeted case management activity may be billed by only one team case manager; and
6. The client is informed of and understands the roles of the team members.

**B. Shared Case Management**

Targeted case management services billed by case managers from more than one agency or program during the same or overlapping dates of service for the same client will be considered for reimbursement only if the DHCF has received documentation to support the need for the expertise of two case management providers. A letter signed by the case managers of both agencies must be submitted to the DHCF. The letter must (1) fully explain the need for shared case management, (2) document the specific and non-duplicative services to be provided by each case manager, (3) specify the time period during which shared case management will be required, and (4) include a copy of the needs assessments and service plans from both case managers and a written statement from the Local Interagency Council (LIC) or the Local Interagency Coordinating Council (LICC) if a council has reviewed the client's need for shared case management services.

If approved by the DHCF, case managers sharing case management responsibilities for a client may bill for their participation in LIC/LICC meetings for the time during which the client's needs are addressed.

NOTE: The DHCF will not approve shared case management for a client receiving home and community-based waiver services. Time spent on behalf of a client receiving home and community-based waiver case management services is not reimbursable as targeted case management, nor may the time spent by a targeted case manager be billed by a waiver case manager.

**C. Substance Abuse Treatment Services**

Targeted case management services may be billed only if that service would not ordinarily be considered an integral part of the substance abuse treatment clinical service. Services described in the substance abuse clinical manual as (1) a direct clinic service (i.e., evaluation, medication management) or (2) an indirect service (i.e., supervision of substance abuse staff, interdisciplinary team conference for the development of a clinical treatment plan) must not be billed as a case management activity. These services would be billed as clinic services or are included as an administrative cost in establishing the cost of substance abuse clinic services.

See General Limitations in Chapter 4 - 1.

## 6 RECORD KEEPING and REQUIRED DOCUMENTATION

- A. The case manager must develop and maintain sufficient written documentation for each unit of targeted case management services billed indicating at least the following:

Record: For each contact:

1. name of client;
2. date and actual time of service;
3. duration of the service;
4. units of service;
5. setting in which the service was rendered;
6. description of the case management activity as it relates to the service plan; and
7. signature of the individual providing the service;

- B. Targeted case management services must be documented in 15 minute intervals.

- C. The following documents must be contained in each client's case file:

1. A written individualized needs assessment to document the client's need for targeted case management services;
2. a written, individualized targeted case management service plan that identifies the services (i.e., medical, social education, and other services) the client is to receive, who will provide them, and a general description of the targeted case management activities needed to help the client obtain or maintain these services; and
3. A written review of the service plan, every 180-days, summarizing the client's progress toward targeted case management service plan objectives. The service plan review must be completed within the month due, or more frequently as required by the client's condition.

Unit: **H0006 - Targeted Case Management** - per 15 minutes per client.

When billing or reporting this procedure code, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: See Chapters 5 - 1 and 5 - 2 for limitations on this service.

## 7 SERVICE PAYMENT

- A. Payment for targeted case management services is made on a fee-for-service basis.
- B. Rates are based on a 15-minute unit of service.
- C. Payment cannot be made for targeted case management services for which another payer is liable, nor for services for which no payment liability is incurred. Medicaid reimbursement is not available for services provided free of charge to non-Medicaid clients.

**8 REVISED PROCEDURE CODES FOR TARGETED CASE MANAGEMENT FOR SUBSTANCE ABUSE for services rendered on or after October 1, 2003.**

For each date of service, enter the appropriate five digit procedure code:

Revised Codes	Service and Units	Limits per patient
H0006	Targeted Case Management, per 15 minutes	5 hours per patient, per inpatient admission

**8 - 1 OLD PROCEDURE CODES FOR TARGETED CASE MANAGEMENT FOR SUBSTANCE ABUSE for services rendered before October 1, 2003**

Old Codes	Service and Units	Limits per patient	Prior Authorization
Y4135	Targeted Case Management, per 15 minutes	No limit	Not required
Y4140	Targeted Case Management, per 15 minutes, 30 days prior to discharge from a nursing facility or hospital	5 hours per patient, per inpatient admission	Required

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